

"People's Democratic Republic of Algeria"

Wilaya:,

Public Proximity Health Establishment:,

-General / Special Medical Certificate-

I, the undersigned Dr., hereby certify that I have examined the individual named below:

Full name:

Date and place of birth: in

**Status of the person concerned: Candidate for
.....**

The medical examination did not reveal any signs indicating the presence of the following illnesses:

- Infectious diseases

- Cancerous tumors

- Physical paralysis

- Serious childhood illnesses (if the person is a minor)

- Pulmonary diseases

- Pulmonary tuberculosis

Accordingly, the individual is deemed medically fit.

Issued in on:

signature and official stamp

x